

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/537193

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104	1					
105		1				
106		1				
107	1					
108		1				
109	1					
110		1				
111	1					
112		1				
113						
114						
115						
116						
117		1				
118		1				
119						
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135						
136						
137						
138						
139						
140						
141						
142						
143						
144						
145						
146						
147						
148		1				
149	1					
150		1				
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↔		↔	↔
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
158		1				
159		1				
160		1				
161		1				
162		1				
163		1				
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194		1				
195		1				
196		1				
197		1				
198		1				
199		1				
200		1				
TOTAL IND.	4		↓		↓	
TOTAL DEP.	14		↔		↔	
TOTAL CLAIMS	18					